

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FFF BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 X \$ = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE RATE ADDIL ADDI-ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total (37 CFR 1.16(c)) Minus X S OR X 5 independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI OR X S Minus X \$ = OR X S ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **PREVIOUSLY** AFTER **TIONAL** TIONAL AMENDMENT PAID FOR FEE FEE Total Minus Ξ (37 CFR 1.16(c)) X S = OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) ΩR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BEST AVAILABLE COPY							5 HH				
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Application or Docket Number 09/604360										ber :	
CLAIMS AS FILED - PART I							SMALL ENTITY OTHER THAN				
FC	R .		(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA		E FEE	OR	SMALL		
BA	SIC FEE				77.75		345.00	OR	RATE	FEE 690,00	
то	TAL CLAIMS	21	minus 2		3,2.1)	X\$ 9	3	OR	X\$18=	18-	
IND	EPENDENT CL	AIMS 5	5 minus 3 = : 2			X39		┨```	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130	21	OR		156-	
" If the difference in column 1 is less than zero, enter "0" in column 2								OR		X04-	
TOTAL OR TOTAL OTHER T										W	
_	17WH	(Column 1) (Column 2) (Column 3)						OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE/		RATE	ADDI TIONAL FEE	
AMENDMENT	Total	·27	Minus	-21	- 6	X\$ 9		OR	X\$18=	incle	
AME	Independent	. 6	Minus	5	= //	X39	.1/	OR	*86-	8600	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130	.1/	OR	+260=		
						10	AL .	OR	TOTAL	19400	
	6/20/0	(Column 1)	(Column 3)	ADDIT. I	EE/		ADDIT. FEE	7 7 7 5 5			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total .	. 23	Minus	27	- Ø	X\$ 9		OR	X\$18=	/	
AKE	Independent	• 4	Mireus		-0	X39	: 1 /	OR	X78=		
Ĥ	FIRST PRESE	INTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130	1/	1	+260=	/	
							2 / -	OR OR	TOTAL ADOIT, FEB		
(Column 2) (Column 3)											
AMENÓMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PATI	ADDI- TIONAL FEE		BATE	ADDI- TIONAL	
3	-Total	. 22	Minus	-27	-0	X\$ 9		OR	X\$18%	FEE	
AME	Independent	. 5	Minus	6	-0	X39-		1	X78=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OP		1	

OR ADDIT. FEE

+130=

FORM PTO-675 (Rev. 12/99)

+260=

^{*} If the entry in column 1 to less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE OR ADDIT. If "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.